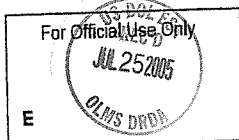


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4007</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>Joseph D. Ahuna</u> P.O. Box, Bldg., Room No., if any Street <u>9139 Burnet Ave.</u> City <u>North Hills</u> State <u>California</u> ZIP Code + 4 <u>91343</u>	4. Name, file number, and address of labor organization. Name <u>IATSE Local 80</u> Labor Organization File Number <u>006-114</u> P.O. Box, Building and Room Number, if any Street <u>2520 West Olive Avenue</u> City <u>Burbank</u> State <u>California</u> ZIP Code + 4 <u>91505</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>PASKAL EQUIPMENT</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State <u>California</u> ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. <u>GRIP EQUIPMENT RENTAL</u> 7.b. Amount <u>\$3545.00</u>

Please see Attached For more Signature Information

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Joseph D. Ahuna

On

07/07/05
Date

818 526 0700
Telephone Number

Name of Person Filing

File Number U-

4007

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Branah West Coast

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 28210 Constellation Rd.City Santa Clara,State CaliforniaZIP Code + 4 91355

14.a. Nature of payment.

GOLF Poursome
for tournament.13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$ 500.00 ?

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name Cast and crew

Trade Name, if any: Lost Productions

P.O. Box, Bldg., Room No., if any

Street 100 E. Tulunga

City Burbank,

State California ZIP Code + 4 91502

7.a. Nature of Interest, Transaction, or Income.

GRP Equipment Rental

7.b. Amount.

\$1850.00

Signature

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Signed

Joseph D. Alvarado

On

07/07/05
Date

818 526 0700

Telephone Number

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name Cast and crew

Trade Name, if any: Lost Productions

P.O. Box, Bldg., Room No., if any

Street 100 E. Tulunga

City Burbank,

State California ZIP Code + 4 91502

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

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Signed

Joseph D. Alvarado

On

07/07/05
Date

818 526 0700

Telephone Number

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name Paramount Equipment

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 5555 Melrose Ave

City Hollywood

State California ZIP Code + 4 90038

7.a. Nature of Interest, Transaction, or Income.

Grip equipment Rental

7.b. Amount

\$150.00

Signature

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Signed

[Signature]

On

07/07/05

Date

818 576 0700

Telephone Number

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name Touchstone

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 500 S. Buena Vista Blvd.

City Burbank

State California

ZIP Code + 4 91521

7.a. Nature of Interest, Transaction, or Income.

Grip Equipment Rental

7.b. Amount.

\$ 540.00

Signature

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Signed

Joseph D. Blum

On

07/07/05

Date

818 5260700

Telephone Number